

Vetting Unit Check List

Date: _____

File Number _____

BOX 4 OWNERSHIP

4A	<input type="checkbox"/> The applicant submitted the documents that are checked in the ROI/ROO	<i>If not checked create case for submission</i>
	<input type="checkbox"/> The ownership document(s) have the same Allottee name as stated in the ROI/ROO.	<i>If not checked create case for Assignment</i>
	<input type="checkbox"/> The ownership document have the same commencement date as stated in the ROI/ROO.	<i>If not checked create case for Merlin</i>
	<input type="checkbox"/> Allocation list on the system has the same Allottee name as stated in the ROI/ROO.	<i>If not checked create case for Assignment</i>
	<input type="checkbox"/> The title has expired.	<i>If checked create case for Re-grant</i>

4B	<input type="checkbox"/> The applicant submitted the transaction document(s) that are checked in the ROI/ROO	<i>If not checked create case for submission</i>
	<input type="checkbox"/> The transaction document(s) have the same name of former owner as stated in the ROI/ROO.	<i>If not checked create case for Assignment</i>
	<input type="checkbox"/> The transaction document(s) have the same transaction date as stated in the ROI/ROO.	<i>If not checked leave remark</i>

4C	<input type="checkbox"/> The applicant submitted that registered document(s) that are checked in the ROI/ROO	<i>If not checked create case for submission</i>
	<input type="checkbox"/> The registered document(s) have the same name of former owner as stated in the ROI/ROO.	<i>If not checked create case for Assignment</i>
	<input type="checkbox"/> The registered document(s) have the same transaction date as stated in the ROI/ROO.	<i>If not checked leave remark</i>

4	<input type="checkbox"/> In the case of loss of title, the applicant submitted:	
	<input type="checkbox"/> Court affidavit	<i>If not checked create case for Assignment</i>
	<input type="checkbox"/> Police reports	<i>If not checked create case for Assignment</i>
	<input type="checkbox"/> Fire service reports	<i>If not checked leave remark for Merlin</i>
	<input type="checkbox"/> Newspaper Publication	<i>If not checked create case for Assignment</i>
	<input type="checkbox"/> In the case of Organization, the applicant submitted:	
	<input type="checkbox"/> Article & Memo of association	<i>If not checked create case for Assignment</i>
	<input type="checkbox"/> CAC	<i>If not checked create case for Assignment</i>
	<input type="checkbox"/> CTC	<i>If not checked create case for Assignment</i>
	<input type="checkbox"/> In the case of multiple claimants or Trustee, the applicant submitted:	
	<input type="checkbox"/> Multiple Claimant Form	<i>If not checked and needed create case for submission</i>
	<input type="checkbox"/> Minor trustee form	<i>If not checked and needed create case for submission</i>
	<input type="checkbox"/> Legal guardian form	<i>If not checked and needed create case for submission</i>

BOX 5 PLOT

5A	<input type="checkbox"/> The applicant has submitted the demarcation document that are checked in the ROI/ROO	<i>If not checked create case for submission</i>
	<input type="checkbox"/> The applicant has indicated the same Land Use/Purpose as of the C of O/Offer Letter	<i>If not checked create case for land use</i>
	<input type="checkbox"/> The applicant has indicated the same L.G.A./District as of the C of O/Offer Letter	<i>If not checked create case for Interview</i>

Nature of the problem

Please check one or more if required

<input type="checkbox"/> Inconsistency in signatures	<input type="checkbox"/> Missing documents (Customer Service)
Document Title _____ Page Number: _____	
Document Title _____ Page Number: _____	
Document Title _____ Page Number: _____	
<input type="checkbox"/> Fake documents	<input type="checkbox"/> Misplaced documents (FTMO)
Document Title _____ Page Number: _____	
Document Title _____ Page Number: _____	
Document Title _____ Page Number: _____	
<input type="checkbox"/> Misfiling	<input type="checkbox"/> None <i>If checked, Skip to Next action undertaken</i>
Document Title _____ Page Number: _____	
Document Title _____ Page Number: _____	
Document Title _____ Page Number: _____	

Next action undertaken

Please check one or more if required

<input type="checkbox"/> Consent List	<input type="checkbox"/> Archieve	<input type="checkbox"/> Other Programs Unit
<input type="checkbox"/> Legal	<input type="checkbox"/> GIS Unit	<input type="checkbox"/> Interview (Fill in the interview Form)
<input type="checkbox"/> FTMO	<input type="checkbox"/> Recertification	

Time Started _____

Time Finished _____

Vetted by _____

Signature _____